

THE COVID-19 PANDEMIC IS FUELING THE OPIOID CRISIS!

- Are you having trouble sleeping, eating, or focusing?
- Are you getting into more frequent conflicts with loved ones?
- Are you no longer able to enjoy pleasurable activities?
- You are not alone.

~50%

Nearly half of Americans report the coronavirus crisis is negatively impacting their mental health.

1,000%

There was a 1,000% increase in emotional distress reported to emergency hotlines.

This fact sheet:

- Identifies the link between the COVID-19 pandemic and an increased risk of opioid misuse.
- Provides tips to manage stressors caused by the pandemic.

Tens of millions of people report misuse of prescription pain medicine. There were 46,802 opioid overdose fatalities in 2018 due to either a prescription or illegal opioid, accounting for two-thirds of all drug overdose deaths that year. More than 400,000 people died from opioid overdoses in the U.S. between 1999-2018. Unlike COVID-19, there is no real time national counting of opioid overdose deaths but, in the last two months, at least 30 states have reported increases in opioid fatalities since the start of the pandemic.^{1,2}

The New York Times has referred to the COVID-19 pandemic as a “national relapse trigger.”³ In Erie County, New York, 85 people died from overdoses during the first four months of 2020: up 100% from that period last year.

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- 1 American Medical Association, Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic, <https://www.ama-assn.org/system/files/2020-06/issue-brief-increases-in-opioid-related-overdose.pdf>
 - 2 David A. Patterson Silver Wolf, Real-time data are essential for Covid-19. They're just as important for the opioid overdose crisis, STAT, MAY 20, 2020, <https://www.statnews.com/2020/05/20/real-time-data-essential-for-opioid-overdose-crisis-as-for-covid-19/>
 - 3 Jan Hoffman, With Meetings Banned, Millions Struggle to Stay Sober On Their Own, New York Times, March 26, 2020, <https://www.nytimes.com/2020/03/26/health/coronavirus-alcoholics-drugs-online.html>

Why is this happening?

Social isolation

Some social distancing measures make it much more difficult for people to maintain their mental health, especially people who are in recovery, because being isolated from others can trigger feelings of:

- loneliness,
- stress,
- depression, and
- anxiety.

Home isolation may challenge sobriety due to:

- excess of unstructured time,
- cancellation of in person recovery meetings,
- anxiety or inability to visit a doctor's office, which may cause people to (attempt to) self-medicate
- loss of contact with peers and advocates, and
- worry about the future.

For those with children, there is the added worry about when schools will re-open and attending to family members needs while trying to work from home. For people in recovery it may be much harder to maintain a sober lifestyle.

Work related stress

Work related stressors (sources of stress) include:

- job loss or reduction in hours,
- loss of income,
- inability to pay bills,
- work-family imbalance,
- discrimination due to race or ethnicity,
- lack of access to COVID-19 testing,
- inadequate workplace safety measures,
- inadequate access to personal protective equipment and respirators,
- fear of getting infected or infecting family members, and
- constantly changing work and government safety and health guidelines.

FOUR MAJOR ELEMENTS OF RECOVERY THAT MAY BE DISRUPTED BY THE PANDEMIC:

Health — overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

Home — having a stable and safe place to live.

Purpose — conducting meaningful daily activities and having the independence, income, and resources to participate in society.

Community — having relationships and social networks that provide support, friendship, love, and hope.

Source: <https://www.samhsa.gov/find-help/recovery>

Work related ergonomics

Employers have been redesigning work to physically distance workers (6-foot rule) and eliminate touching of shared equipment and workstations. This may result in workers performing tasks that were previously performed by two or more people by themselves, increasing the risk of sprains and strains and pain. Poorly designed at-home computer stations can also lead to discomfort that can result in opioid use. These ergonomic risk factors include:

- Lifting, pushing, pulling, bending, and reaching of heavy loads,
- Awkward postures,
- Repetitive motion, and
- Elimination of job rotation.

Different impacts in diverse communities

While Black people have similar rates of opioid misuse as the general population, in recent years (2014-2017), they have experienced the greatest increase in rates for overdose deaths from non-methadone synthetic opioids.⁴ As of April 15, 2020, Black people, who comprise 13% of the U.S. population, make up 30% of COVID-19 cases. People of color also often work in jobs that are not easily worked from home, and greater use of public transportation puts them at risk for exposure to COVID-19.⁴ Black and Latino people also have substantially lower access to health and substance-use treatment services.⁴

Managing stress

Unhealthy responses to stress include self-medication and can lead to new addictions. For workers who are in recovery, it may lead to returning to use. It is important to create a work environment where:

- Workers feel safe talking about the uncomfortable issues of mental health and substance use without fear of discrimination or job loss.
- Employers have established health benefits that adequately cover treatment for mental health and substance use.
- Employee assistance and peer support programs are effective and being used.



Courtesy of nia.nih.gov

⁴ Substance Abuse and Mental Health Services Administration. Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. Rockville, MD, 2020.

What can be done?

Employers should involve workers and unions (when present) in identifying jobs and other work factors that pose a risk of injury, stress, and pain and take action to prevent injuries and stressors that may lead to prescription opioid use or self-medication.

- Healthy responses to stress include self-care:
 - Get enough sleep, 7-8 hours per night
 - Healthy eating
 - Socializing
 - Exercise or movement
 - Relaxation
- Reach out to co-workers or neighbors who are struggling.
- Get professional help if the stressors are having a negative impact on your life.
- When a worker gets injured on the job, the employer and the union should provide support including:
 - assistance with workers' compensation,
 - paid time off,
 - access to medical and psychological care,
 - information about avoiding opioid misuse and how to speak to medical providers about alternative pain treatments.
- When a worker develops a substance use disorder, employers should ensure they have access to treatment and eliminate barriers, such as zero tolerance policies that discourage workers from asking for help.
- Provide support to workers of color through culturally and language-appropriate educational materials and working, when possible, with trusted community-based organizations and leaders.^{5,6}
- Government agencies have made a temporary change in regulations allowing people in recovery to access telemedicine to obtain medically assisted treatment (MAT) and counseling and to obtain larger supplies of these lifesaving medications. This was done to comply with social distancing recommendations and has increased access to MAT and counseling, and should be made a permanent policy change in workplaces.

5 National Employment Law Project. 2020. Silenced about COVID-19 in the workplace. Washington, DC: National Employment Law Project. Available: <https://s27147.pcdn.co/wp-content/uploads/Silenced-About-COVID-19-Workplace-Fear-Retaliation-June-2020.pdf> [accessed June 2020].

6 Substance Abuse and Mental Health Services Administration. 2020. The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Substance Abuse and Mental Health Services Administration: Office of Behavioral Health Equity.